<u>User Guide for Buddhist Dhamma Schools Final Certificate Examination- 2024</u> (2025) Application for Selection of Marking Examiners

- 1. If you have an Account, login to the System. Otherwise Register.
 - Url: "https://onlineexams.gov.lk/eic"
 - Login to the system using your NIC



Figure 1



Figure 2

 Click on the "Instructions" button under the tile "Buddhist Dhamma Schools Final Certificate Examination -2024 (2025) -Application for Selection of Marking Examiners" on Dashboard

DFME	Buddhist Dhamma Schools - Final Certificate Examination - 2024(2025) Application for Selection of Marking Examiners		
മോലത്ത മോംදത് given, b കഖങ്ങം കെവങ്ങം എനിഖ എനിഖ	8! கூஜிக்க கஜேசூர் கிரேச் சுபர் குன் கேஷன் கம்சின். Attention! Read the instructions efore completing the application form. ந்திற்கு ! விண்ணப்பத்தை டர்த்தி கற்கு முன்னர் வழங்கப்பட்டுள்ள றக்கல்களை நன்கு வாசிக்கவும்.		
Clos	ing Date : 2025-05-02		
Figure 3		Clicl	c tł

Read the instructions and watch the instructional video



- 3. Follow the below steps to fill the application
 - 3.1 Fill STEP 1 Personal Information
 3.2 Fill STEP 2 Marking Preferences
 3.3 Fill STEP 3 Educational / Professional Qualifications
 3.4 Fill STEP 4 Professional Qualifications
 3.5 Fill STEP 5 Experience in Evaluation
 3.6 Fill STEP 6 Declaration(Submit)

<u>3.1 STEP 1- Personal Information</u>

- NIC number and mobile phone number are already displayed
- Fill other details
- Fill all the fields in the form

3. STEP 3:	4. STEP 4:	5.	6.	
		STEP 5:	STEP 6:	
full*				
anga Kumarage Nilanka Hasaranga Rathnayaka				
Date Of Birth *	Gender *		Email Address	
12/01/1987	Male	×	punsaralive@gmail.com	
Telephone (Residence)	Telephone (Office)		Fax	
Eg:0112786200	Eg: 0112786200		Eg: 0112786200	
		District (Private)*		
		Select a District		
		District (Official) *		
		Select a District		
	Ault* Dese Of Birth 1 Dese Of Birth 1 (12/01/1987 Telephone (Residence) E.g.:0112785200	Aul* Large Konseys Nicks Fissererge Richneyske Date Of Birch * L2/D1/1967 Telephone (Residence) Eg: 011276000 Eg: 01127600 Eg: 0112760 Eg: 011276 Eg: 011276	full* Integration National Interruption Date Of Birth * Gender * 12/01/1987 Male Telephone (Residence) Telephone (Office) E_g= 01228000 E_g= 01228000 Setet a District District (Private)* Setet a District District (Office) Setet a District District (Office)	Add* Integrating Kantanga Rathayaka Date Of Birth * Geder * Email Address 12/01/1987 Male

Click Next

<u>3.2 STEP 2 – Marking Preferences</u>

a) Marking Preferences

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iplied Subject I*	Center Name*		Distance to the center (Km)*	
Select the Subject ++ ··································	Salect the Center Name	~	Enter Distance to the center	
	Center Name*		Distance to the center (Km)*	_
	Select the Center Name ++	~	Enter Distance to the center	
	Center Name*		Distance to the center (Km)*	
	Select the Center Name ++	~	Enter Distance to the center	
Applied Subject II:	Center Name		Distance to the center (Km)	
Select the Subject ++	Select the Center Name ++	~	Enter Distance to the center	
	Center Name*		Distance to the center (Km)*	
	Select the Center Neme >>	~	Enter Distance to the center	
	Center Name*		Distance to the center (Km)*	
Minimum distance from residence place or work place to the evaluation center is mandatory.	Select the Center Name >>	v	Enter Distance to the center	
*Minimum mitigeness from residence places or work places to the valuation server's manifestory. Tradinality as the same of metabolistic servers that the contraction planets schwards to be served spotter for such services with the directed to the serverse server. *Based with the find and associational direct with all the processed to the Department of Exerci-	Seatch Containing >>	ow. (Please note that the	Entre channes to the senter	be established and the axamine
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Figure 6

<u>3.3 STEP 3 – Educational and Professional Qualifications</u>

If this section is incomplete, your application will be rejected. Use short forms such as BSc, BA, UCSC etc.

• If you are a **Degree holder**;

Fill the relevant "Degree Details"

- If you are a **Trainee**; Fill the relevant "Training Course Details"
- If you have any **other course follwed**; Fill the relevant "Other course Details"

æ.	Training	relevant	to	the	subje	ct ap	plied	
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Name of the course	Year Completed
Bsc in Agriscience	2008
Name of the University/ Institution	
University of Colombo	
Subjects Passed (* Mandatory to mention the subjects)	
Agricultural Science Agricultural Process Management	
+ Degree relevant to the subject applied	2
+ Postgraduate Qualifications	
State in brief, if you have participated in National Level activities related to the subject.	
- Control test of peptier test books/relatives instruction manuals / nm s, rhotype questions, transation reports on poincation of subject related books . In or participated in anything state as "None" (Attach Relevant Letters)	



Figure 07

3.4 STEP 4 – Professional Qualifications

aming! If this section is incomplete, your application will be rejected.	
se shortened rorms here/ use short forms as much as possible e.g. Bi), bac, UCSC, etc ttach a certified copy of the academic transpriot of the Deoree/ Diploma relevant to the subject applied. (Compulsory for new applicants and for	policants who had not attended for marking last year)
Details of the Degree	2
Details of the Trainings	
Other Course Followed	د <u>.</u>
Course Name	From To
	2014 2018
Name of the University/ Institution	
University of Kelaniya	
Class Obtained (if any)	Medium
Select Class Obtained >> 🗸 🗸 🗸 🗸 🗸 🗸 🗸	Select >> V
Subjects Passed (Compulsory)	

Prev Next

Figure 08

<u>3.5 STEP 5 – Experience in Evaluation</u>

Experience as an Assistant Examiner

• Fill the details of your experience as an Assistant Examiner

Experience as an Additional Chief Examiner

• Fill the details of your experience as an Additional Chief Examiner

EP 1	2. STEP 2:	3. STEP 3:	4. STEP 4:	5. STEP 5:	6. Step 6	
rofessional	Qualifications					
Experience in E	Evaluation Activities					^
Total period en	gaged in evaluation of answer s	cripts in this examination				¥)
Whether you or a r examination in yee	member of your family or any of you ar 2024(2025)74	r resident or a relative appeared for t	nis Select >>	9		
	Bloom Balanda and a					

Figure 09

Other Information

• Select "YES" or "NO" whether "any of your family members or a resident in your house expect to sit Examination in 2024 (2025)"

Whether you or a member of your family or any of your resident or a relative appeared for this examination in year 2024(2025)?*	Select >> v
If so, name of the Dhamma School appeared in	
Prev Next	
Figure 10	

- Select "YES" or "NO" whether "any disciplinary inquiry against you in progress"
- Select "YES" or "NO" whether "you are debarred from examination duties"

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EP 1:	STEP 2:	STEP 3:	STEP 4:	STEP 5:	STE
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we you been undergo	ing/ undergone any disciplinary actions	/ investigation at the Department of Exar	mination?*		
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Prev Next					
Prev Next					

<u>3.6</u> Submit – Declaration

After completing all the details read the declaration and click on "Submit" button

கவனத்திற்கு / Attention Read th	e மீடிகல் மீலே வல் நேரி முலையில் விளியாம் பத்தை பூர்த்தி கொப்வ e given instructions, before completing th	Babaton. தற்கு மன்னர் வழங்கப்பட்டுள்ள re application form	அறிவறுத்தல்களை தன்கை வாலி	க்கவும்.	
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aration					
		d courset and that I have not dehaving for	om examination duties. If I appointed as	a Marking Examiner, I agree to follow ins	tructions of Commissioner General of Examinat
do hereby declare hat regard. Further	that the foregoing information is true an , I certify that I have not submitted more t	han one application for evaluation in this	examination.	a 2 8	
do hereby declare hat regard. Further	that the foregoing information is true an I certify that I have not submitted more t	a concert and that indive not departed in han one application for evaluation in this	examination:		

4. If you want to do any changes of your submitted application, click on "Reset the Examiner's Application" button

ication Summary	niu- 6774001024 1		
me	WELLAPPILI ARACHCHIGE NANDANA DISSANAYAKA		
с	877400182v		
lome Address	No 12, Kumarathunga Lane,		
Office Address	Ministry of Education, Pelawatta, Battar		
	Figure 13		

Marking Exami	ners application for Buddhist Dhamma Schools - Final Certificate Examination -	87 Activity log	Download Examiner's Application
NAME - Ashani Kahawandala Application Summar	y y		
Name	WELLAPPILI ARACHCHIGE NANDANA DISSANAYAKA		
NIC	877400182v		
Home Address	No 12, Kumarathunga Lane,		
Office Address	Ministry of Education, Pelawatta, Battar		
	Reset the Exam Application		

Figure 14

5. Get the printed format of your submitted application by clicking **"Download Examiner's Application"** button.

Marking Exami NAME - Ashani Kahawandala Application Summar	ners application for Buddhist Dhamma Schools - Final Certificate Examination - IINIC-877400182v y	CF Activity log Download Examiner's Application
Name	WELLAPPILI ARACHCHIGE NANDANA DISSANAYAKA	
NIC	877400182v	
Home Address	No 12, Kumarathunga Lane,	
Office Address	Ministry of Education, Pelawatta, Battar	
	Reset the Exam Application	
	Figure 15	Click this

*Do not apply for evalu- if a member of your fan kin is appearing for t nouire debarred from e	ation of answer scripts nily, resident or next of his examination or if xamination duties.		FOR OFFICE U	SE Kote
*Fill and send this appl Do not submit more the	ication before (DATE). In one application.	[
Marki	Departm ing Examiners Ap Final Cer	rent of Examinations, Sri Lanka aplication for Buddhist Dhami tificate Examination -	ma Schools	
N.B. See instructions on t	final page before comple	ting subject and evaluation center. Incompl	ete applications will be	e rejected.
Applied Subject		Center Name	1	Distance to the Center (Km)
01. (I) 01. Life of Buddha		Dharma Shasthrodhaya Piriven Vitu	raya, Piliyandala 35	
974 -		Sri Nagarukkaramaya, Wewa Road,	Bonalesgamuara 21	
25		Sri Budhdhasingharama Purana Vih Makuluwa, Galle	araya, 50	
02 (I) 02. Buddhism and Pall Language Practice		Srt Nagarjuna Pirtvena, Surigama, K	adawaths 30	
		Sri Sangikaramaya, Demotogoda.	20	
		Srinandaramaya, Panawala, Nittam	buwi 56	
22. Puli Name :	MS. WELLAPPILI A	RACHCHIGE NANDANA DISSANAYAKA		
0. 0) Address				
(a) Official :	MINISTRY OF EDUC	ATION, PELAWATTA, BATTAR		
District :	COLOMBO			
(b) Privata :	NO 12, KUMARATHUR	NGA LANE,		
District : RATNAPURA				-
(ii) E-mail :	nandanachanaka593			
(iii) Telephone No.				
(a) Official :	0112457485	(b) Residential : 01127	81452	
(c) Fax :	0112478522	(d) Mobile : 07138	46304	
04. Date of Birth :	1987-12-01	Age as at (2023-12-31) : 36Y-1	IM-00	
05. National Identity Card N	to: 877400182v			
05. If serves in/ served in a	Government Institutio	in or a Pirivena		
(a) Name & at	dress of the institution a	erves in/ served in SHAILATHARARA	MA PIRIVENA	
(b) Post :-	TEACHER	2000 		
(c) Service pe	riad in the post:	3 Years 2 Months		

Figure 16

Send the hard copies of **relevant applications** to the Department of Examinations according to the given common instructions.

 For further details, contact;
 Institutional Examinations Evaluation Branch – 0112786235, 0112785105
 Email Address- examdept.evaluation@gmail.com

• For more technical support contact; Online Unit - 0113671568, 0113661122 Email Address- doeonlineexams@gmail.com